

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11. PLACE OF DEATH
County DuChane Registration District No. 85
Township 5 Primary Registration District No. 1001
City St Joseph (No. Mo. State Hosp.) St. _____ Ward _____

2. FULL NAME Nancy Jane Robinson
(a) Residence, No. _____ Ward. Camden Mo
(Usual place of abode) (If nonresident, give City or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

31446

File No. _____
Registered No. 1004

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. LESLIE ROBINSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 1 - 1857
7. AGE YEARS 82 MONTHS 11 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
13. NAME Samuel Halman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Mary Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) C. J. Robinson
18. BURIAL, CREMATION, OR REMOVAL Wedgeville, Mo DATE Feb. 29
19. UNDERTAKER (ADDRESS) Wayside
20. FILED 9/12 19 40 H. J. Westbrock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 19 40
22. I HEREBY CERTIFY, That I attended deceased from April 20 19 40 to Sept 12 19 40
I last saw h. ex. alive on Sept 11 19 40 Death is said to have occurred on the date stated above, at 3:30 AM.
The principal cause of death and related causes of importance were as follows:
Generalized lympho-sarcoma Date of onset 1-1-40
chronic myocarditis
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? biopsy Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. E. Tenney M. D.
(Address) 215 Kirkpatrick Bldg
St Joseph, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

STATE OF MISSOURI—DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

58

11-11-23
1-1-24
2-1-24

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31446**
Registrar's No. **1004**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **85** Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Waybar**
(b) City or town **Geneva**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Frances Robinson**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 11 hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **Nov 19, 1940** (b) **[Signature]** (c) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month **Sept** day **12**
year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **Generalized lympho sarcoma**
Chronic myocarditis
Due to: **Cervical lympho sarcoma**
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature **H. E. Tenney** (M. D. or other)
Address **315 Kirkpatrick** Date signed **11-18-40**
St. Joseph Mo

SUPPLEMENTARY

